

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 01/01/2008 **and ending** 03/31/2008

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** Last Chance for Patient Choice **Employer identification number** 05 - 0628214

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
P.O. Box 2817

**City or town, state, and ZIP code**  
Waterloo, IA 50704

**3 E-mail address of organization:** no@email **4 Date organization was formed:** 10/17/2005

**5a Name of custodian of records** Michael Mallaro **5b Custodian's address** P.O. Box 2817  
Waterloo, IA 50704

**6a Name of contact person** John Gallagher **6b Contact person's address** P.O. Box 2817  
Waterloo, IA 50704

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
1111 W. San Marnan Drive  
**City or town, state, and ZIP code**  
Waterloo, IA 50701

**8 Type of report (check only one box)**

- ☒ First quarterly report (due by April 15)  
☐ Second quarterly report (due by July 15)  
☐ Third quarterly report (due by October 15)  
☐ Year-end report (due by January 31)  
☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)  
☐ Pre-election report (due by the 12th or 15th day before the election)  
(1) Type of election:  
(2) Date of election:  
(3) For the state of:  
☐ Post-general election report (due by the 30th day after general election)  
(1) Date of election:  
(2) For the state of:

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 32427**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 14598**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Mike Mallaro

04/15/2008

**Sign  
Here**



Signature of authorized official



Date

Schedule A

Itemized Contributions

Schedule A

<b>Contributor's name, mailing address and ZIP code</b> Michigan Medical 11906 Farmington Rd Livonia, MI 48150 - 1724	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 215	<b>Amount of contribution</b> \$ 215 <b>Date of contribution</b> 02/20/2008
<b>Contributor's name, mailing address and ZIP code</b> Withheld PO Box 2817 Waterloo, IA 50704 - 2817	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 32212	<b>Amount of contribution</b> \$ 32212 <b>Date of contribution</b> 03/31/2008

**Schedule B**   **Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**Brown & Fortunato, P.C  
905 S Fillmore, Ste 400 PO Box 9418  
Amarillo, TX 79105**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 1661  
**Date of expenditure**  
01/24/2008**Purpose of expenditure**

Legal Fees

**Recipient's name, mailing address and ZIP code**Brown & Fortunato, P.C  
905 S Fillmore, Ste 400 PO Box 9418  
Amarillo, TX 79105**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 521  
**Date of expenditure**  
02/29/2008**Purpose of expenditure**

Legal Fees

**Recipient's name, mailing address and ZIP code**PAMS  
1000 Bent Creek Blvd # 10  
Mechanicsburg, PA 17050**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 500  
**Date of expenditure**  
03/19/2008**Purpose of expenditure**

Support for competitive bidding

**Recipient's name, mailing address and ZIP code**Walter & Haverfield, LLP  
P.O. Box 75568  
Cleveland, OH 44101**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 7534  
**Date of expenditure**  
03/19/2008**Purpose of expenditure**

Legal Fees

**Recipient's name, mailing address and ZIP code**United States Treasury  
P.O. Box 9941  
Ogden, UT 84409**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 3940  
**Date of expenditure**  
03/21/2008**Purpose of expenditure**

Penalty late file file 990

**Recipient's name, mailing address and ZIP code**Withheld  
PO Box 2817  
Waterloo, IA 50704 - 2817**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 442  
**Date of expenditure**  
03/31/2008**Purpose of expenditure**

Bank fees &amp; postage